

Case Number:	CM14-0143114		
Date Assigned:	09/10/2014	Date of Injury:	03/10/1975
Decision Date:	12/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	07/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 77-year-old male who reported an injury on 03/10/1975. The mechanism of injury was not stated. The current diagnoses include lumbar stenosis and lumbar radiculopathy. The injured worker was evaluated on 07/09/2014. It is noted that the injured worker has been previously treated with medication management and lumbar epidural steroid injection. The injured worker presented with complaints of persistent lower back radiating into the buttock and lower extremities. Physical examination revealed atrophy in the bilateral thighs, 4/5 generalized weakness, slightly positive Hoffman's sign, intact sensation, and 4/5 strength in the upper extremities. Treatment recommendations at that time included an L2 through L5 decompressive laminectomy with L2 through S1 foraminotomy and fusion of L2 through L4. A Request for Authorization for was then submitted on 07/23/2014. It is noted that the injured worker underwent an MRI of the lumbar spine on 04/16/2014, which revealed evidence of marked spinal stenosis at multiple levels, particularly at L2-3 and L3-4, and to a lesser degree at L4-5 and L1-2.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

L2-3, L3-4 decompressive laminectomy with L2-3, L3-4, L4-5 and L5-S1 foraminotomies with the possibility of fusing L2-3, L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Fusion (spinal) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Page 127 Official Disability Guidelines (ODG) Low Back Section, Fusion (spinal)

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and failure of conservative treatment. Direct methods of nerve root decompression include laminectomy, standard discectomy, and laminotomy. The Official Disability Guidelines state that preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon CT myelogram or x-ray, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, there is mention of an attempt at conservative treatment in the form of lumbar epidural steroid injection; however, there is no mention of a recent exhaustion of conservative treatment to include physical therapy/exercise and medication management. There is no documentation of a psychosocial screening prior to the request for a lumbar fusion. There is also no documentation of spinal instability upon flexion and extension view radiographs. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate.